

Labor Commissioner, State of California

Department of Industrial Relations
Division of Labor Standards Enforcement
300 Oceanside Ste 850
Long Beach, CA 90802
(562) 983-1453

Arnold Schwarzenegger, Governor



DATE:

In Reply Refer to Case No:

Employee Questionnaire

Project	Awarding Body	Contract No.
Prime Contractor		
Subcontractor		

The Labor Commissioner is conducting an investigation to determine whether you were paid all prevailing wages due to you for the work you performed on the above listed project. Please answer the following questions and return this form by _____

Did you work for _____ on this project? Yes ___ No ___ If so, when? From _____ To _____

What was your job title? _____

Describe the work you performed on this project. _____

List the tools or equipment you used to perform your work. _____

How much time did you spend doing each duty? _____

Did you keep a record of the days and hours worked on this project? Yes ___ No ___

Did you work more than eight hours in a day? Yes ___ No ___ If so, when? _____

What was your straight time or regular rate of pay? _____. What was your rate of pay for work in excess of 8 hours? _____

Did you work on Saturday, Sunday or holiday? Yes ___ No _____. If so, what was your rate of Pay? _____

Did you receive a payroll check, cash, or both? _____. Were you paid for all hours worked? Yes ___ No ___
(If not, please specify what pay periods. Also, please provide a copy of all check stubs for this project.)

Did you receive any of the following benefits? (Health Insurance - Yes ___ No ___) (Pension - Yes ___ No ___)
(401 K - Yes ___ No ___) (Vacation - Yes ___ No ___) (Travel - Yes ___ No ___) (Other - Yes ___ No ___)

Your Signature: _____ Address: _____

Social Security Number: _____ Telephone Number _____
(If you have any other information you feel is important, please attach to this letter or call me at the above telephone number.)

STATE LABOR COMMISSIONER

By _____

Deputy Labor Commissioner I